



**Grow With WIC
2007
Training Registration Form**

Please Print Clearly:

Trainee's Name _____

Trainee's Job Role(s) ☐ Clerk ☐ Certifier ☐ Clerk/Certifier ☐ MSS
☐ Coordinator ☐ Nutritionist ☐ Other _____

Agency _____ **Clinic Name** _____

Clinic Phone () _____ - _____ **Clinic Fax** () _____ - _____

Send confirmation packet to: ☐ My clinic ☐ My home ☐ My email

Street _____

City _____ **State** _____ **Zip** _____

Email _____

Yes! I want to attend: (check boxes below)

Core WIC Training

- | | |
|--|---|
| <input type="checkbox"/> January 23-26 | <input type="checkbox"/> July 31-August 3 |
| <input type="checkbox"/> March 13-16 | <input type="checkbox"/> September 18-21 |
| <input type="checkbox"/> May 8-11 | <input type="checkbox"/> November 6-9 |
| <input type="checkbox"/> June 19-22 | |

New Nutritionist Training

- | | |
|------------------------------------|---|
| <input type="checkbox"/> May 15-17 | <input type="checkbox"/> November 13-15 |
|------------------------------------|---|

COORDINATOR ONLY

☐ Personnel cost (i.e. salary and benefits) reimbursement is requested for this **part-time** staff person.

Coordinator Name: _____ **Phone:** _____

Email: _____ **Fax:** _____

Mail, e-mail or fax completed form to:

Kathy Hormel
Washington State WIC Program
PO Box 47886
Olympia WA 98504-7886
Fax: (360) 236-2320
kathy.hormel@doh.wa.gov

Please contact us if you have a breastfeeding baby so we can support you during training!
Sara Knight at 1-800-841-1410 x 3664 or
sara.knight@doh.wa.gov

Visit www.doh.wa.gov/cfh/WIC
for additional information about *WIC trainings*.
Visit www.walwica.org to register for
WIC breastfeeding trainings.